

PRECONSTRUCTION CONFERENCE AGENDA AND CHECKLIST

PROJECT MANAGEMENT BRANCH (FDP)

Contract/Task No _____ Project ID# _____ Time _____ Date _____

Contractor _____ Meeting Rm. _____ Bldg. _____

Job Title _____

Contract Amount _____ Scheduled Start Date _____ Completion Date _____ Days after NTP

I. AGENDA

- A. INTRODUCTION (Attendees)
- B. PROJECT DESCRIPTION/GOALS
- C. SECURITY AND BADGE REQUIREMENTS
- D. ENVIRONMENTAL ASPECTS
- E. SAFETY AND HEALTH REQUIREMENTS
- F. CONTRACT ADMINISTRATION
- G. TECHNICAL ASPECTS
- H. ONSITE WORK IMPLEMENTATION
- I. OTHER

II. CHECKLIST

A. INTRODUCTION (Attendees)

CONTRACTOR'S REPRESENTATIVES		NASA REPRESENTATIVES	Office Phone
	Office Phone		
	Emergency Phone	QA Signature	
Owner		Inspector Signature	
Project Manager		Project Manager	
Field Superintendent		Contract Specialist	
Other(s)		Safety Representative	
		Building Manager	
		Facility Manager(s)	
		Environmental Representative	
		System Manager(s)	

B. PROJECT DESCRIPTION/GOALS

C. SECURITY AND BADGE REQUIREMENTS

☐ Explain NASA Security Procedures _____

☐ Distribute NASA C-9975 Forms (Registration and ID Badge Request) _____

☐ Distribute NASA C-421 (Instruction to Contractor's Supervisors) _____

D. ENVIRONMENTAL ASPECTS

- ☐ Compliance with all Environmental Regulations _____
- ☐ Toxic Fumes Controls/Ventilation (i.e., Lead-based paint) _____
- ☐ Suspicious ACM (Asbestos containing Material), Inform Insp/COTR - NASA will test _____
- ☐ Asbestos Removal Procedures/Permits (See Asbestos Abatement Permit/Checklist) _____
- ☐ Asbestos Spill Response Phone Number 3-8159 or 3-3020 (PBS (419) 621-3234 or (419) 621-3250) _____
- ☐ Storm Water Pollution Prevention (SWPP) Measures (i.e. silt fencing) _____
- ☐ State EPA Notification _____
- ☐ Initial Inspection of SWPP measures prior to construction _____
- ☐ Waste Disposal/Profiles/Manifests _____
- ☐ Environmental Protection _____
- ☐ Waste Storage _____

Remarks _____

E. SAFETY AND HEALTH REQUIREMENTS, _____

- | | |
|---|--|
| <input type="checkbox"/> Emergency Telephone No. 911
(Cell Phone 433-8888) - Lewis Field
(419) 621-3222 or 4-3222 - Plum Brook
_____ | <input type="checkbox"/> Hard Hats
_____ |
| <input type="checkbox"/> First Aid
_____ | <input type="checkbox"/> Hearing Protection
_____ |
| <input type="checkbox"/> Fire Prevention
_____ | <input type="checkbox"/> Eye Face Protection
_____ |
| <input type="checkbox"/> Daily Site Safety Inspections
_____ | <input type="checkbox"/> Respiratory Protection
_____ |
| <input type="checkbox"/> OSHA Regulations Formal Inspections
_____ | <input type="checkbox"/> Fall Protection
_____ |
| <input type="checkbox"/> Traffic Regulations/Barricades/Parking
_____ | <input type="checkbox"/> Ladders and Scaffolding
_____ |
| <input type="checkbox"/> Elect. Appl's Safety Permit
_____ | <input type="checkbox"/> Safety Signs
_____ |
| <input type="checkbox"/> Electrical Hazards (LO/TO)
_____ | <input type="checkbox"/> Confined or Enclosed Space Entry
_____ |
| <input type="checkbox"/> HV/LV Operating Instructions
_____ | <input type="checkbox"/> Illumination/Temp. Lighting
_____ |
| <input type="checkbox"/> Housekeeping Debris Removal
_____ | <input type="checkbox"/> Ground Fault Interrupter
_____ |
| <input type="checkbox"/> Sanitation
_____ | <input type="checkbox"/> Safety Training Records
_____ |
| <input type="checkbox"/> Health and Safety Plan (required of Job Site)
_____ | <input type="checkbox"/> Evacuation Procedures
_____ |
| <input type="checkbox"/> Daily Site Coordination Review
_____ | <input type="checkbox"/> Weekly Daily Job Safety Meetings (required) Include in Safety Plan
_____ |
| <input type="checkbox"/> Safety Equipment at Job Site (Fire Extinguishers, etc.)
_____ | <input type="checkbox"/> Hazcom Program
_____ |

F. CONTRACT ADMINISTRATION

- | | |
|---|---|
| <input type="checkbox"/> Cost Breakdown (line items for O & M manuals as-built drawings and punchlist shall be 2% each) Bond and Submittals _____ | <input type="checkbox"/> Use of Request for Information RFI's _____ |
| <input type="checkbox"/> Health and Safety Plan (Prior to 2nd NTP) _____ | <input type="checkbox"/> Buy American Act - Construction Materials (FAR 52.225-5) _____ |
| <input type="checkbox"/> Performance and Payment Bonds (Prior to Construction NTP) _____ | <input type="checkbox"/> Daily Superintendent Report _____ |
| <input type="checkbox"/> List of Subcontractors _____ | <input type="checkbox"/> Payroll Records _____ |
| <input type="checkbox"/> Subcontractor's Insurance _____ | <input type="checkbox"/> Labor Provisions, Davis Bacon Act _____ |
| <input type="checkbox"/> Submittals (Shop Dwgs, Catalog Cuts, Schedule) _____ | <input type="checkbox"/> Apprentice Papers _____ |
| <input type="checkbox"/> Work Schedule (CPM/Bar Chart) (Prior to Construction NTP) _____ | <input type="checkbox"/> FAR/NASA FAR Clauses, incorporated by reference and full text _____ |
| <input type="checkbox"/> Priority of Work _____ | <input type="checkbox"/> Change Order Procedures _____ |
| <input type="checkbox"/> COTR Inspector's Authority _____ | <input type="checkbox"/> Form 1413 (Wage Rate Certification) _____ |
| <input type="checkbox"/> Differing Site Conditions Procedure _____ | <input type="checkbox"/> Welder Certification _____ |
| <input type="checkbox"/> Request for Proposal Procedures (RFP) _____ | <input type="checkbox"/> Working Hours _____ |
| <input type="checkbox"/> Contract Close Out Procedures (Identify 30 days in construction schedule for acceptance process) _____ | <input type="checkbox"/> After Hours Notification _____ |
| <input type="checkbox"/> Pre-turn-over meeting _____ | <input type="checkbox"/> NASA Construction Area Sign _____ |
| <input type="checkbox"/> Waste Manifest _____ | <input type="checkbox"/> Weekly Const. Progress Meetings (Discussion to include: status of as-built drawings, warranty items, O & M manuals, punchlist) _____ |
| <input type="checkbox"/> Contractor Property Pass _____ | <input type="checkbox"/> Prior Year's OSHA 300A Form _____ |

G. TECHNICAL ASPECTS

- ☐ Scope of Work (Review Specs / Problem Areas) _____
- ☐ Demolished Equipment Listing _____
- ☐ Quality Assurance (Field Measurements) _____
- ☐ Testing (Pneumatic/Hydraulic/Radiographic, Location) _____
- ☐ Material Equipment at Job site (Specs, Dwgs, etc.) _____
- ☐ Bogus Bolts/Fasteners, foreign made/counterfeit not acceptable. NASA reserves the right to perform Q/A tests

Remarks _____

H. ONSITE WORK IMPLEMENTATION

- ☐ Daily Contact with NASA Representative _____
- ☐ Superintendent, 100% on site at all times _____
- ☐ Material Delivery, Contractor is responsible to receive (communicate with Main Gate) _____
- ☐ Safety Permits _____
- ☐ Other Permits (Excavation, Crane, etc.) _____
- ☐ Demolition, Renovation, Crane Systems Isolation, Excavation, Hot Work, EASC
This contractor will be responsible for the isolation of any mechanical/electrical system or utility to be worked on during performance of this contract. _____
- ☐ Contractor's Isolation Plan(s)
Identifying isolation valves, breakers, etc. to be submitted and approved by CM prior to start of work.

- ☐ Notice to Proceed, Bond, Ins. and Safety Plan _____
- ☐ Coordination (Gen.) _____
- ☐ Completion Date _____

Remarks/Other Job Related Concerns: Daily inspection report by contractor, check in with Inspector every a.m., all communications through NASA QAT.

I. OTHER

Prepared by _____ (QA Signature) _____ (Date)

cc:

/ Bldg. Mgr./
/ Safety Office
/ Off. Of En. Programs/
/ Contr. Spec./
FDP / Project Manager/ COTR /
/ URD Manager
FDP / Alt. COTR/
FDP / Branch File
Contractor

FOR

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